Risk Assessment, Recall and Referral Project (RARR) – a quality improvement project for general practice

**North Western Melbourne Primary Health Network (NWMPHN) is recruiting** **general practices and Aboriginal Community Controlled Health Organisations (ACCHO) to improve early detection and prevention of cardiovascular disease and diabetes.**

**Funding of $3,500, excluding** **GST, is available for each participating practice.**

**Expressions of interest will close at 3pm on Tuesday 21 March 2023.**

Contents

[PART A: The Activity 2](#_Toc127778366)

[1. Background 2](#_Toc127778367)

[2. Activity purpose and term 2](#_Toc127778368)

[3. What’s required 3](#_Toc127778369)

[4. Eligibility requirements 5](#_Toc127778370)

[5. Draft Contract 5](#_Toc127778371)

[PART B: How to Apply 6](#_Toc127778372)

[1. Application submission 6](#_Toc127778373)

[2. Assessment process 6](#_Toc127778374)

[3. Contractual arrangements 7](#_Toc127778375)

[4. No contract or warranty 8](#_Toc127778376)

[PART C: About North Western Melbourne Primary Health Network 8](#_Toc127778377)

[PART D: Application Form 10](#_Toc127778378)

[ATTACHMENT 1 – DRAFT CONTRACT 12](#_Toc127778379)

[ATTACHMENT 2 – CONTRACT DEPARTURES TEMPLATE 12](#_Toc127778380)

## PART A: The Activity

### Background

Chronic conditions such as cardiovascular disease (CVD) and type 2 diabetes mellitus (T2DM) are largely preventable. An estimated 90 per cent of CVD risk and 60 per cent of diabetes risk are due to modifiable risk factors including smoking, alcohol consumption, unhealthy eating, low levels of physical activity, unhealthy weight, high cholesterol levels and high blood pressure.

Primary health care has an important role in supporting CVD and T2DM prevention, with activities aimed at risk assessment and early management of identified risks, including referral to lifestyle modification services.

The Victorian Department of Health (DH) has partnered with NWMPHN to implement a pilot quality improvement (QI) project in general practice to improve patient health outcomes by focusing on CVD risk and T2DM risk​.

NWMPHN is providing grant funding for up to 9 general practices and an ACCHOin its catchment area.

Funding of $3,500 (excluding GST) will be provided to accredited practices that complete all aspects of the QI program, including reporting and evaluation requirements.

### Activity purpose and term

The project will provide a comprehensive approach to early identification of patients at risk of CVD and T2DM. It will include education, data-driven quality improvement using clinical audit tools (PEN CS) and resources to support decision-making and referrals and in-practice support. The project aims to support practices to:

* embed early CVD and T2DM risk assessment, early detection and early intervention in primary care settings,
* use clinical audit tools to identify patients at risk of CVD or T2DM,
* identify and refer eligible patients to risk reduction or lifestyle modification programs, such as *(Life!)*
* increase practitioners’ confidence in supporting patients identified at risk of CVD or T2DM,
* embed quality improvement activities to drive sustainable systems changes to provide ongoing early detection of CVD and T2DM.

The project will follow a structured QI methodology and participating practices will be supported by an NWMPHN program officer.

The contract term will run over 9 months, and will include 7 months of activity, concluding in November 2023. The agreed dates for participation will be noted in the [Short Form Services Agreement Template](https://app.prompt.org.au/download/186337?code=e72902a2-2e06-4a6f-af68-f6113cac183b).

### What’s required

Practices will be required to:

* Attend 3 learning workshops on early patient risk identification and assessment for CVD and T2DM.
* Ensure participating GPs, Practice Nurses and Practice Managers complete Plan, Do, Study, Act (PDSA) cycles based on:
* *use of clinical audit tools to identify patients at risk of developing CVD and T2DM*
* *recall of patients for risk assessment and early intervention*
* *use of provided resources to support the identification and referral of eligible patients to lifestyle risk modification programs.*
* Provide protected time in which to undertake activities.
* Share lessons, skills and knowledge developed within the project with the broader clinical and practice team.
* Submit de-identified data and provide feedback and evaluation throughout for further improvement of the pilot and resources.
* Embed these QI activities to drive sustainable whole-of-practice change.

To evaluate the impact of QI activities, participating practices will be required to share de-identified data with NWMPHN for evaluation reporting to the Victorian Department of Health.

In submitting of this EOI and signing the agreement you acknowledge and agree that the use of the de-identified health information at that point is not subject to the protections available to individuals contained in relevant privacy laws.

Here are the indicative key program deliverables:

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Phase** | **Description** | **Indicative delivery date** |
|  | Induction | * 1. General practice project team attend Learning Workshop 1   2. Confirm and begin QI activities (PDSA cycles) to implement during the project   3. Collect and submit appropriate baseline data   4. Complete pre-project survey | April 2023 |
|  | Quality Improvement | * 1. Complete 3 PDSA cycle QI activities, 2 of which are based on: * Use of Pen CAT to identify patients at risk of developing CVD and T2DM * Use of PHN-developed resources to support the identification and referral of eligible patients to lifestyle risk modification programs   1. Collect and submit QI and referral data at end of each month   2. General practice project team attend Learning Workshop 2   3. Attend QI support meetings with NWMPHN project officer (monthly, or as required) | May 2023 - September 2023 |
| 3.. | Program completion and evaluation | 1. General practice project team attend Learning Workshop 3 2. Complete post-project survey and evaluation, including the submission of a case-studies or a reflection (template provided) | Oct 2023 |

**Schedule of payment**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Indicative description** | **Amount** (excl GST) | **Indicative date** |
|  | Attendance at Learning Workshop 1  Completion of induction activities Completion of pre project survey  Commencement of PDSA 1  Attendance at Learning Workshop 2 Commencement of PDSA 2 | $1,750.00 | July 2023 |
|  | Attendance at Learning Workshop 3  Commencement of PDSA 3 and presentation of summary report at workshop.  Completion of post project survey  Program Completion and Evaluation | $1,750.00 | September 2023 |
|  | **Total** | **$3,500.00** | October 2023 |

### Eligibility requirements

Practices must:

* be located [within the NWMPHN region](https://nwmphn.org.au/about/our-community/map/)
* be RACGP accredited
* have Pen CAT installed, or agree to have it installed, before starting the program
* have nominated a project team (comprising a minimum of 3 practice staff including a GP, Practice Nurse and or Practice Manager) to attend 3 program workshops over the activity period, and complete 3 PDSA QI activities

### Draft Contract

Please see this [Short Form Services Agreement Template](https://app.prompt.org.au/download/186337?code=e72902a2-2e06-4a6f-af68-f6113cac183b) as an example of a draft contract.

## PART B: How to Apply

### Application submission

Applicants must complete and return the Application Form (Part D) and email it with supporting documentation (certificates of currency for relevant insurances: Workcover or similar, public liability to $20 million any one claim and professional indemnity to $10 million any one claim) to the NWMPHN Primary Care Team, [primarycare@nwmphn.org.au](mailto:primarycare@nwmphn.org.au). Applications close at 3pm on Tuesday 21 March 2023.

Please direct all queries to [primarycare@nwmphn.org.au](mailto:primarycare@nwmphn.org.au" \t "_blank).

NWMPHN is not obliged to accept any proposal received after the submission deadline. Where an applicant provides evidence of exceptional circumstances affecting on time submission, NWMPHN may decide to accept an application received after the submission deadline but is not obliged to do so.

### Assessment process

All compliant applications received by NWMPHN will be evaluated in accordance with the assessment criteria in Part D.

NWMPHN may also consider other factors relevant to the applicant’s suitability, including conflicts of interest, financial viability, current insurance and any other information that is publicly available.

NWMPHN will contact referees (if sought) and use their responses for the evaluation.

NWMPHN may contact the applicant if it considers that an application contains an ambiguity, unintentional error or minor omission which requires clarification. It will not do so where this would unfairly disadvantage other applicants.

NWMPHN may conduct interviews with some or all applicants to assist in making a final decision. Interviews are an opportunity to ask questions to better understand a submission, not an to make changes or submit new material.

Applicants must clearly specify and justify all proposed departures from the draft contract in their EOI response using the form provided in Attachment 3. They will be disqualified if departures are not submitted with the EOI application form but are sought at later stages of the process. NWMPHN is not obligated to accept an applicant’s proposed departures at any stage of the EOI.

All applicants will be notified. Unsuccessful applicants may request feedback in writing or verbally by contacting [primarycare@nwmphn.org.au](mailto:primarycare@nwmphn.org.au).

This table summarises the key stages and indicative dates related to the EOI for the Risk Assessment, Recall and Referral Project.

|  |  |
| --- | --- |
| **EOI Key Stages** | **\*Estimated Date** |
| Release to the market | 22 February 2023 |
| Application closing date | 21 March 2023 |
| Evaluation and shortlist applicants | 28 March 2023 |
| Notification of successful and unsuccessful applications | By 30 March 2023 |

*\*These dates are indicative only and subject to change without notice at NWMPHN’s discretion to meet the necessary process requirements.*

### Contractual arrangements

NWMPHN receives funding from the Australian Government, the Victorian Government, and other government and non-government sources. Each funding source may have particular requirements regarding consultancies and sub-contractors. Successful applicants must comply with these.

A successful applicant will be expected to:

* enter into an agreement in a form specified by NWMPHN
* sign a confidentiality and non-disclosure agreement
* provide due diligence information such as a statement of solvency
* provide certificates of currency for relevant insurances:
  + Workcover or similar
  + Public liability to $20 million any one claim
  + Professional indemnity to $10 million any one claim
* undertake a financial audit for services exceeding $100,000 in the aggregate per financial year
* consider itself a “Commonwealth service provider” for the purposes of the [Ombudsman Act 1976](http://www8.austlii.edu.au/cgi-bin/viewdb/au/legis/cth/consol_act/oa1976114/)
* ensure that personnel, including sub-contractors, who may come into contact with vulnerable people as part of the work, have undertaken a national police check, a Working with Children check and if relevant develop a risk assessment and management plan
* comply with relevant legislation as specified from time to time
* comply with NWMPHN credentialing policy requirements.

Applicants must disclose any actual, perceived or potential conflicts of interest. A conflict of interest arises where a person makes a decision or exercises power in any way that may or may be perceived to be, influence by either professional, commercial or personal interests or associations. NWMPHN maintains a *Register of Conflicts of Interest and Related Entities* and reports its contents back to our funding bodies as required.

NWMPHN may seek formal government approval and will disclose contract details including legal and trading name of successful applicant, the nature and duration of the work to be undertaken, and the procurement process. Approval is granted at the discretion of the government department. Relevant departments may require additional information at any time which NWMPHN is obliged to provide. Relevant departments may list this information on their websites from time to time.

Please note that the Australian or Victorian Government reserves the right to terminate NWMPHN funding at its convenience. This requirement is passed through to the successful applicant. Expenses incurred and committed up to and including the termination date will be paid.

### No contract or warranty

No legal relationship is created by the issue of this Expression of Interest, or the submission of any application in response to it.

NWMPHN is under no obligation to award a contract to any applicant as a result of this process.

NWMPHN has taken reasonable steps to ensure that all information presented in this Expression of Interest is accurate at the time of issue. However, NWMPHN accepts no responsibility for errors or omissions and recommends that applicants make their own enquiries about any matter relevant to the preparation of an application.

## PART C: About North Western Melbourne Primary Health Network

Melbourne Primary Care Network (MPCN) trading as NWMPHN is an independent, locally governed and run, not-for-profit organisation dedicated to improving primary health care in local communities. MPCN was successful in its bid to operate one of 31 Primary Health Networks (PHNs) formally established across Australia from 1 July 2015.

PHNs have the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place, at the right time.

They also work with the primary health care sector to improve frontline services and collaborate with local hospital networks to ensure better integration between primary and acute care services.

NWMPHN is the largest PHN in Victoria. Its region covers approximately 3,200 square kilometres across the Melbourne CBD, north and western suburbs and adjacent rural areas, encompassing 13 Local Government Areas.

A core task is to improve health outcomes for communities by fostering innovation, leveraging and coordinating existing community and organisational assets, and driving value for money.

NWMPHN has four key strategic goals:

* **Transform primary health care** by supporting the delivery of high-quality, integrated and person-centred services in its catchment area.
* **Undertake strategic, evidence-****based and targeted commissioning** that improves health outcomes for priority populations, through the delivery of high-quality, equitable and accessible care.
* **Activate community and partnerships** by contributing to the development of an interconnected health care system in its catchment through community and stakeholder engagement, research activities and partnerships.
* **Strive for excellence** in our culture and organisational capability to deliver impact.

## PART D: Application Form

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| --- | --- | --- | --- | --- |
| **Applicant name:** | | | | |
| **Name of practice:** | | | | |
| **ABN/ACN:** | | | | |
| **Address:** | | | | |
| **Applicant details:** | **Phone:** | **Email:** | | |
| **Practice manager details:** | **Phone:** | **Email:** | | |
| **Practice principal details:** | **Phone:** | **Email:** | | |
| **Party Detail for Short Form Contract:** | | | |
| **Contract Manager details: (day to day)** | **Phone:** | **Post:** | **Email:** |
| **Contact details for written legal notices:** | **Phone:** | **Post:** | **Email:** |
| **Senior executive for disputes:** | **Phone:** | **Email:** | |

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| --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **ELGIBILITY QUESTIONS**  **Please check the boxes to confirm compliance** | | | **Mandatory criteria:**  **I, the applicant, confirm that:**  ​​**☐**​the practice is accredited under the RACGP standards for general practice or registered for accreditation with an accredited provider  ​​☐​ the practice has Pen CAT installed or is willing to have Pen CAT installed prior to project commencement  ​​☐​ I agree to provide weekly protected time for project activities to be undertaken  ​​☐​ I agree to have nominated staff (including at least one GP, Practice Nurse and or Practice Manager) attend 3 learning workshops  ​​☐​ I agree to complete 3 quality improvement PDSAs cycles, pre and post surveys, and to submit de-identified Pen CAT data for reporting and sharing with the participating practices  ​​☐ I​agree that NWMPHN will include practice’s aggregated data, de-identified at practice and patient level, in NWMPHN’s project evaluation which will be shared with the DH for the purposes of evaluating the project |  | | |
| Eligibility criteria  Note: Applicants should not exceed the prescribed word limit. Additional words will not be considered for evaluation. Applicants are not obliged to reach the word limit. | **WEIGHTING** |
| **1. Please list the name of the General Practitioner, Practice Nurse and or, Practice Manager who will be participating in the program.**  ***Please note minimum of 3 participants including at least 1 GP***  **Applicant response:** | **NON-WEIGHTED** |
| 1. **Please describe your practice’s current experiences in referring patients to lifestyle modification programs such as *Life!*. Please describe what you see as barriers and enablers:**  * **in patients accepting and participating in referral programs** * **for your practice to refer patients into lifestyle modification programs. (Max 300 words**.)   **Applicant response:** | 35% |
| **3. Please provide an outline of your practice patient population, include demographics and the population that you consider would most benefit from this project. (Max 200 words.)**  **Applicant response:** | 25% |
| **4.Describe your current management practice for identifying patients at risk of CVD and or diabetes. How do you utilise** **MBS items to support and manage these patients. What do you think works well? What could be improved? (Max 300 words.)**    **Applicant response:** | 25% |
| **5. How will the practice team educate the broader clinical team regarding its new skills and knowledge? How will you plan to make changes sustainable beyond the project? How will the practice incorporate these skills into current workflows? (Max 200 words.)**  **Applicant response:** | 15% |
| **ADDITIONAL QUESTIONS** | **NON-WEIGHTED** |
| **Has your practice been involved with previous quality improvement projects? If so, give details. What sustainable improvements were made to your practice systems,** **processes or patient outcomes? (Max 300 words)**    **Applicant response:** | - |
| **Please provide any additional information to support your application.**  **Applicant response:** | |

## ATTACHMENT 1 – DRAFT CONTRACT

[Short Form Services Agreement Template](https://app.prompt.org.au/download/186337?code=e72902a2-2e06-4a6f-af68-f6113cac183b).

## ATTACHMENT 2 – CONTRACT DEPARTURES TEMPLATE

Refer to Part B: Section 2 for the Draft Contract proposed departure requirements when completing this form. If not proposing departures, please mark the table as ‘Not Applicable’ when submitting the EOI application form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Clause/Item Number** | **Question or Proposed Change** | **Reason for Proposed Change** | **NWMPHN Response** |
| *Please indicate clearly if it is a* ***Clause*** *or* ***Item*** *of the Contract you are referring to [**EG:* Page 11 **Clause** 6.3 License **of** Contractor Materials to NWMPHN *vs* Page 31 **Item 6.3** Excluded Developed Material (to be owned by the Contractor)*]* | *Please clearly state the question and/or proposed change for NWMPHN to easily understand the matter.* | *Please make clear statements for NWMPHN to easily understand the matter.* | *If Applicant is successful, NWMPHN will provide a response to questions and accept or reject departures, during negotiations.* |
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